

# **Smart Start for Babies for Arabic Speaking Newcomers Registration Form**

## **Background Information**

### ***Who?***

- Pregnant Arabic speaking women who have been in Canada less than 5 years.
- This group is intended for women who have not previously participated in the this program.
- Special circumstances to be considered upon request.

### ***What?***

- Programming will be provided in-person with the option for virtual classes available as needed.
- Interactive group prenatal sessions will include content about health literacy (accessing, understanding, and using pregnancy and parenting related health information, and the ability to navigate the Canadian health care system) delivered by Public Health Nurses; and food literacy skill building and nutrition education delivered by a Registered Dietitian.
- Group participants will play an active role in determining the topics addressed that relate to pregnancy, labour & birth, and caring for a newborn in a new country.
- Arabic interpretation provided.

### ***When and Where?***

- **South London Neighbourhood Resource Centre (SLNRC)**  
1119 Jalna Blvd, London  
Thursday afternoons

### **Supports and Resources:**

- Upon request, a loaned laptop is available for clients who do not have access to a computer for the on-line portion of the program. The loan would be for the duration of the program.
- Transportation by taxi can be arranged for participants upon request as needed

### **Health and Safety:**

- COVID-19 guidelines and precautions will be followed at all times

### **Childcare:**

- Child care is not currently being offered as part of the program.
- Children and babies are not allowed to attend in-person classes and families are asked to make their own arrangements for childcare.

For further information about the program don't hesitate to contact:

Fawzie Hamze  
South London Neighbourhood Resource Centre  
Cell phone: 226-998-7129  
Email: fhamze@slnrc.ca  
Or  
Middlesex-London Health Unit  
Reproductive Health Team  
519-663-5317  
[SmartStart@mlhu.on.ca](mailto:SmartStart@mlhu.on.ca)

The personal information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used to register the client in this prenatal education program. It will also be used by Health Unit staff to plan, organize, run and evaluate our prenatal health education programs. We will take steps to ensure this information is kept confidential and safe. Any questions about the collection of this information should be directed to the Reproductive Health Team at 519-663-5317 or the Privacy Office at [privacy@mlhu.on.ca](mailto:privacy@mlhu.on.ca).

# Smart Start for Babies for Arabic Speaking Newcomers Registration Form

This form can be completed online at: [https://chkmkt.com/MLHU\\_PIP](https://chkmkt.com/MLHU_PIP)  
OR

Completed on paper and faxed to : Smart Start for Babies Program Fax: 519-663-8243

## Client Information

Client: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name First Name yyyy mm dd

Baby's Estimated Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd

### Immigration Status

- Canadian Citizen  
 Permanent Resident  
 Refugee Claimant  
 Other, please specify: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

E-mail (for Zoom invitation): \_\_\_\_\_

Interpreter Required:  Yes  No

In Canada:  < 1yr  1-2yr  2-5yr  > 5yr

Received COVID-19 vaccine:  Yes  No Number of doses: \_\_\_\_\_

Access to a Computer for on-line portion of program:  Yes  No

### Additional Information

First baby?  Yes  No, please list number of other children: \_\_\_\_\_

Food allergies:  No  Yes, please specify: \_\_\_\_\_

Settlement Councilor:  No  Yes, please specify: \_\_\_\_\_

Family Physician:  No  Yes, please specify: \_\_\_\_\_

Obstetrician or midwife:  No  Yes, please specify: \_\_\_\_\_

Are there any concerns you feel the program facilitators should know about?  
\_\_\_\_\_  
\_\_\_\_\_

### Referral source information

Name of person completing referral: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Date of registration: \_\_\_\_\_